

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591529

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	/		/			
5	/		/			
6	2		/			
7	0		/			
8	0		/			
9	0		/			
10	/		/			
11	/		/			
12	3		/			
13	0		/			
14	/		/			
15	/		/			
16	2		/			
17	0		/			
18	0		/			
19	0		/			
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49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	20	←	17	←		←
TOTAL CLAIMS	24		21			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.		←			←	←
TOTAL CLAIMS						